

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	100/03021
	First Inventor or Application Identifier	Burd Mehta
	Title	PCR Compatible Nucleic Acid Sieving Matrix
	Express Mail Label No.	EL544599119US

APPLICATION ELEMENTS		ADDRESS TO:			
See MPEP chapter 600 concerning utility patent application contents.		MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	2389 U.S. PTO 10/659423 09/10/03			
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) Total Pages 24	a. <input type="checkbox"/> Computer Readable Copy				
-Discriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on				
-Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or				
-Statement Regarding Fed sponsored R&D	ii. <input type="checkbox"/> Paper				
-Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statement verifying identity of above copies				
-Background of the Invention	ACCOMPANYING APPLICATION PARTS				
-Brief Summary of the Invention	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
-Detailed Description	10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney				
-Claim(s)	11. <input type="checkbox"/> English Translation Document (if applicable)				
-Abstract of the Disclosure	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations()				
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 3	13. <input type="checkbox"/> Preliminary Amendment				
<input checked="" type="checkbox"/> Oath or Declaration Total Pages 2	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
a. <input type="checkbox"/> Newly executed (original or copy)	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)				
b. <input type="checkbox"/> Unexecuted Oath or Declaration	16. <input type="checkbox"/> Other				
c. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)					
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).					
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					

17 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation ☒ Divisional ☐ Continuation-in-Part (CIP) ☐ of prior application No: 09/792,297

Prior application information: Examiner Jennine M. Brown Group/Art Unit: 1755

For CONTINUATION OR DIVISIONAL only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5c, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021569	or	Correspondence Address below
(Insert Customer No. or Attach bar code label here)			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name	Donald R. McKenna	Registration No.	44,922
Signature	<i>Donald R. McKenna</i>	Date	9/10/03

CERTIFICATE OF EXPRESS MAILING under 37 CFR 1.10	
Express Mail Label No:	EL544599119US
Date of Deposit	September 10, 2003
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.	
Typed Name of Person Mailing Paper or Fee	Michelle Chan
Signature	<i>Michelle Chan</i>

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

Complete if Known

Application Number	
Filing Date	H rewith
First Named Inventor	Burd Mehta
Examiner Name	Jennine M. Brown
Group/Art Unit	1755
Attorney Docket No.	100/03021

TOTAL AMOUNT OF PAYMENT \$750

METHOD OF PAYMENT (check one)

Check ☐ Credit Card ☐ Money Order ☐ Other ☐

☒ Deposit Account:

Account Number: 03-0177
Caliper Technologies Corp.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE					
Large Fee Code	Entity (\$)	Small Fee Code (\$)	Entity (\$)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	255	Plant filing fee	
1004	750	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					750

2. EXTRA CLAIM FEES					
	Extra claims	Fee from below		Fee Paid	
Total claims	-20** =	x			
Independent Claims	-3** =				
Multiple Dependent					

Large Fee Code	Entity (\$)	Small Fee Code (\$)	Entity (\$)	Fee Description	
1201	84	2201	42	Claims in excess of 20	
1202	16	2202	9	Independent claims in excess of 3	
1203	280	2203	135	Multiple dependent claims, if new	
1204	84	2204	42	Reissue independent claims over original patent	
1205	16	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) 0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Fee Code	Entity (\$)	Small Fee Code (\$)	Entity (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing cover sheet	
1053	130	2053	65	Non-English specification	
1812	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for response within first month	
1252	410	2252	205	Extension for response within second month	
1253	930	2253	465	Extension for response within third month	
1254	1450	2254	725	Extension for response within fourth month	
1255	1970	2255	985	Extension for response within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1510	2451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1300	2453	650	Petition to revive - unintentional	
1501	1300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name: Donald R. McKenna

Signature: *Donald R. McKenna*

Date: 9/10/03

Complete (if applicable)

Reg. Number: 44,922

Deposit Account User ID: 03-0177

CERTIFICATE OF EXPRESS MAIL under 37 CFR 1.10

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Signature: *Michelle Chan*

Typed Name of Person Mailing Paper or Fee: Michelle Chan